

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		x				
3	/					
4	/					
5	/					
6	/					
7	/					
8	6					
9	6					
10	6					
11	6					
12	/					
13	/					
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21		x				
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.	43					
TOTAL CLAIMS	44					

	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

19
24
98